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Disseminated histoplasmosis mimicking an acute appendicitis (Article)

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Abstract

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Introduction: Histoplasmosis can present in a myriad of clinical manifestations, which often makes its diagnosis difficult and occasionally, deceptive. **Case Report:** We describe a case of a 33 years old gentleman who was clinically diagnosed as acute appendicitis at initial presentation in view of a one-week history of fever, right lower quadrant abdominal pain- and guarding at right iliac fossa. He had thrombocytopenia and lymphopenia on presentation. Mesenteric lymphadenitis and small bowel lesion were found intraoperatively, which was respectively biopsied and resected. Histopathological result confirms disseminated histoplasmosis. Retroviral screen was positive. He was treated with amphotericin B for one week, subsequently switched to oral itraconazole, followed by initiation of highly active antiretroviral therapy (HAART). **Discussion:** This case illustrates the various nature of histoplasmosis presentation. A high index of suspicion is needed to clinch the diagnosis and subsequently institute prompt treatment as disseminated disease can be fatal if left untreated in an immunosuppressed host. © 2019, Malaysian Society of Pathologists. All rights reserved.

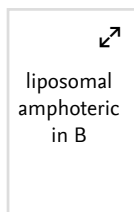
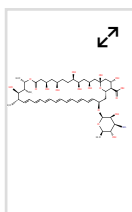
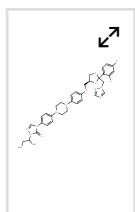
SciVal Topic Prominence ⓘ

Topic: Histoplasmosis | Histoplasma | Pulmonary histoplasmosis

Prominence percentile: 85.238 ⓘ

Chemistry database information ⓘ

Substances



Author keywords

Disseminated Histoplasmosis Gastrointestinal Histoplasmosis Histoplasma capsulatum

Indexed keywords

EMTREE drug terms:

albumin

amphotericin B

efavirenz plus emtricitabine plus tenofovir disoproxil

itraconazole

lactate dehydrogenase

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CD4 lymphocyte count clinical article computer assisted tomography diagnostic error
disease duration drug substitution drug withdrawal echography
erythrocyte sedimentation rate fever highly active antiretroviral therapy histopathology
histoplasmosis hospital admission hospital discharge human
Human immunodeficiency virus infected patient Human immunodeficiency virus infection
human tissue hypoalbuminemia intestine biopsy intraoperative period
iron deficiency anemia lactate dehydrogenase blood level laparoscopic surgery laparotomy
loss of appetite lymph node biopsy lymphadenopathy lymphocytopenia male
medical history mesenteric lymphadenitis mesentery lymph node physical examination
platelet count retrovirus infection small intestine disease small intestine resection
tachycardia thorax radiography thrombocytopenia treatment duration unprotected sex
virus detection virus load

Chemicals and CAS Registry Numbers:

amphotericin B, 1397-89-3, 30652-87-0; itraconazole, 84625-61-6; lactate dehydrogenase, 9001-60-9

ISSN: 01268635

Source Type: Journal

Original language: English




PubMed ID: 31427560

Document Type: Article

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
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